## L19000360212

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
(CO) . WIG-93451	

Office Use Only

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October 22, 2019

MEGHAN DIGIULIO 1315 NE 5TH TERRACE FORT LAUDERDALE, FL 33304

SUBJECT: DIGIULIO, M REAL ETSTATE LLC

Ref. Number: W19000093451

We have received your document for DIGIULIO, M REAL ETSTATE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 219A00021734

Keyna E Page Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: DiGivlio M Real Estate LLC Name of Limited Liability Company		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filling.		
Please return all correspondence concerning this matter to the following:		
Maylan DifivirD  Name of Person		
Same of Person		
Firm/Company		
0.5 $  -$		
1315 NE St Terrace		
Addiess		
Firt Lauderdale FL 33304		
City/State and Zip Gode		
The Lauderdale FL 33304  City/State and Zip Gode  Meghan digivlio Ogmail com  E-mailaddress: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Markon DiGA(12) 518 , 219-227		
Meghan DiGNIN at SIX ) Deg- 227 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
S125.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee.  Certificate of Status & Certificate of		
Certificate of Status Certified Copy Certificate of Status & Certificate Of Status & Certified Copy		
Cadditional copy is enclosed)		
ON GEOGRAPHICA CONTRACTOR OF THE CONTRACTOR OF T		
Mailing Address  Street Address		
New Filing Section New Filing Section  Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Dibiolio, M Real Est	rave LLC
(Must contain the words "Limited Liability Comp	any, "L.I. C.," or "LLC")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:
1315 NE 5th Terrace - Bar Lauderdonce EL 33364	1315 NE 5th Temas
For Lauderdonle FL 33364	1315 NE 5th Terrap Tour Level der der EL 3324
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	
Meg have Dif	Jivio
1315 NE 5th	
Florida street address (P.O. Box <u>NC</u>	
Tot Laudardente City State	TL 3330-1
Having been named as registered agent and to accept service of process for place designated in this certificate. I hereby accept the appointment as reg further agree to comply with the provisions of all statutes relating to the production of my position as registered as	istered agent and agree to act in this capacity. I oper and complete performance of my duties, and I
Meghan of Singistered Agent's Si	gnature (REQUIRED)
(CONTINUI	5 2
	OCT 29 PH
	7: 33

Title: "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager	Mechan Difficulty BIS No 5th Terrain For Lowder Hold FL 33361
(Use attachment if necessary)	
f an effective date is listed, the date must be sp e date of filing.)	meet the applicable statutory filing requirements, this date will not be listed a of State's records.
Total provisions, it day.	
REQUIRED SIGNATURE: Wegte	and Olan
This document is execu I am aware that any fals constitutes a third degre	nember or an authorized representative of a member.  Ited in accordance with section 605.0203 (1) (b), Florida Statutes, ite information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
	Mohan Difiulio Typed or, printed name of signee  Filling Fees:
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	ganization and Designation of Registered Agent
	7: 33

The name and address of each person authorized to manage and control the Limited Liability Company

ARTICLE IV-